U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

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1	For Official Use Only
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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 9/58	2. Fiscal Year Covered From:		
3 <i>f. b • b</i>	1 / 1 / 2004 Through: 12 / 31 / 2004		
Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name Larry Edginton	Name Operating Engineers Local Union No. 3		
одо-шинов годи неформација изгиновод од о	Labor Organization File Number 035-651		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
	Street 1620 South Loop Road		
Street 4044 N. Freeway Blvd., #120	Sheet 1620 South Boop Road		
City Sacramento	City Alameda		
State California ZIP Code + 4 95834	State California ZIP Code + 4 94502		
5. Position in labor organization. Research Director, 300 100			
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.			
6. Name and address of Employer (including trade name, if any).			
Name			
Trade Name, if any:			
P.O. Box, Bidg., Room No., if any			
Symptom Water Control of Control	7.b. Amount.		
Street			
City			
State ZIP Code + 4			
	Signature		
15. Signature and verification. The undersigned declares, under pena submitted in this report (including the information contained in any accomundersigned's knowledge and belief, true, correct, and complete. (See t	alty of Perjury and other applicable penalties of the law, that all of the information npanying documents), has been examined by the signatory and is, to the best of the he section on penalties in the instructions.)		
d/ 51.1	0.2.00		
Signed / Mi MA CONSAN	On 816-362-7361 Telephone Number		

Name of Person Filing Larry Edginton	Fil	e Number U-					
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.							
8. Name and address of Business (including trade name, if any). Name McMorgan & Company Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 1 Bush Street, Suite 800 City San Francisco State California ZIP Code + 4 94104	9. Business deals with: a. Labor Organization b. Trust c. Employer						
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.a. Nature of such dealing. Local Union's investr 11.b. Approximate dollar value of line and line	f such dealing. N/A income received.					
	12.b. Amount.	\$200					
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.							
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment.						
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.						

Name of Person Filing Larry Edginton File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name Associated Third Party Administrators	a. Labor Organization		
Trade Name, if any: ATPA			
P.O. Box, Bldg., Room No., if any	b. Trust		
Street 1640 South Loop Road	c. Employer		
City Alameda			
State California ZIP Code + 4 94502			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name Operating Engineers Trust Funds	Provides third party administration services for the Local Union's related pension and welfare trust		
Trade Name, if any:	funds.		
P.O. Box, Bldg., Room No., if any			
Street 1640 South Loop Road			
City Alameda			
State California ZIP Code + 4 94502	11.b. Approximate dollar value of such dealing.	N/A	
	12.a. Nature of interest held or income received.	enskrivet Minner of James on Artista (standard a fan de san a de s	
	Attended lunches, dinner and other ATPA.	events hosted by	
	12.b. Amount.	magandara galarang garlaga e kamar mananangan kangkanan melantangan menganan melangan salah sala	